Registration District No.   Primary Registration District No.   Primary Registration District No.   Registration No.   Primary Registration District No.							SION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 63-015207
VS 300 Rev. 4/59							STATE FILE NUMBER
Solution of the state of the st	ON THIS STUB		An	END	ED	1 =	FU ED ADD 0.0 see
D. CITY (if outside corporate limit, give TOWNSHIP only)  1 0/68  2 795  3  4 / C. FULL NAME OF DECASED FIRST  6. COLOR OR RACE  Female  Wildowsel Fr. C. Divonged  100. KIND OF BURST  100. BURST  100. KIND OF BURST  100. KIND						_	
SISTILL DR SISTILL OR SISTILLO OR SISTIL			3		i I		* Cape Girardeau ** STATE Mo. ** COUNTY Perry ** admission)
SISTILL DR SISTILL OR SISTILLO OR SISTIL	Rev. 4/59		5.			1-	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b   c, CITY   Inside Limits
SISTILL DR SISTILL OR SISTILLO OR SISTIL		1	ž				TOWN OF THE TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TO TH
Strivit Fancis Hospital   Yes X No     ADATE	10168	<b> </b>	<u> </u>			1-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm
3 3. NAME OF DECEASED First Middle  Lest 4. DATE OF DEATH OF DEATH A D T 1			<u> </u>				
[Type or print]    Comparison	· · · · · · · · · · · · · · · · · · ·	2	<del>"</del>	+	Н	1=	
5. SEX  6. COLOR OR RACE  7. Married  Nover Married  8. DATE OF BIRTH  9. AGE (last birthods)  16	3		ŀ			1	(Type or print)
Female White Widowed Ct Divorged 196 46 Months Deys Hours Min.  10a. USUAL OCCUPATION (Give kind of work done during most of process) (Ife even if retired)  7 0 00 00 00 00 00 00 00 00 00 00 00 00	4 1			-	ΙÌ	1 -	Lucifie wary (Zainer) Edwards April 20.1905
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE (City and state or country)  12. CITIZEN OF WHAT COUNTRY  13. MO USA.  Address  13. MO PETY COUNTY: MO USA.  14. NAME OF HUSBAND OR WIFE  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servy)  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. MT.S.ID ON A IN THE SIDNER OF WHAT COUNTRY  ONSET AND DEATH  ONSET AND DEATH USA.  ONSET AND DEATH				1	ΙÌ	1	Months Days Hours Min
during most of working life, even if retired)  7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 /					-	remale   White   Uct. 31-11916   46
Waltress  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE  15. WAS DECASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  MO  18. CAUSE OF DEATH (Enter only one cause per line for (8), (D), and (C).  18. CAUSE OF DEATH (Enter only one cause per line for (8), (D), and (C).  10  11  12  2 0  SET OF TOTAL SETWEEN  ONSET AND DEATH  WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a).  Stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH box not relayed to the tergainal part in last 90 day  there is pregnancy in last 90 day  There is pregnancy in last 90 day  There is pregnancy in last 90 day							
13a. FATHER'S NAME  ROBERT MILES  BY AND PECASSE EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of services, no, or unknown) (If yes, give war or dates of services, no, or unknown) (If yes, give war or dates of services)  10  11  12  13  13  13  13  13  13  13  14  15  15  16  16  16  16  17  17  18  18  18  18  19  19  19  10  10  10  10  10  10  10		ĕ		1			Waitress   Food   Perry County, Mo., U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of serv)  10  11  12  10  12  10  11  12  10  11  12  10  11  12  10  11  12  12	7 🙍	잌잍	-			7	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of serv)  10  11  12  10  12  10  11  12  10  11  12  10  11  12  10  11  12  12		요	-				Robert Miles   Mary Morgan   Paul Edwards
10 10 10 10 10 10 10 10 10 10 10 10 10 1	9 / 1						15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. THFORMANT Address
10 11 12 2 - 0 9		, , i				(	Yes, no, or unknown) (If yes, give war or dates of servi
11 - 0 DE TO (c)  12 3 - 0 SE		<b>∝</b> !			<u> -</u>	-   '	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terrainel there a pregnancy in last 90 day  There is pregnancy in last 90 day	10	- 1				يَّ پَ	1100000
which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terrainel there a pregnancy in last 90 day  There is pregnancy in last 90 day	11 -	8		1		ទុំ	IMMEDIATE CAUSE (a)
which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the tergainal part iii. If deceased was female we there a pregnancy in last 90 day  There is no appropriate to the tergainal part iii. If deceased was female we there a pregnancy in last 90 day	12 6	쀭	3		2	Š	Conditions, if any, DUE TO (b) Chronic Glomerulo nephritis unk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal place of the pregnancy in last 90 day	9	တ ပြ	2				above cause (a),
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAM DUE NOT reliable to the reliable to	13/-0	F ⊨	┺┼╌	┿	-		stating the underlying cause last. DUE TO (c) Ohrone Oyelbriphrus
E Han Then we Cordiovascular desease 1 Yes 1 No 17 Hoterow		ŏ		1		ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female we
		2		1		Ì	Hamiltenaure Cordiovasculor disease Yes   No   Unknown
19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)			1		[ ]	Ĭ	19 WAS ALTERPSY 20 ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)
19. WAS AUTOPSY PERFORMED? PERFORMED? VES DE NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a.m.		<u>₹</u>				8	PERFORMED?
	_	<u> </u>					
ZOC. TIME OF HOUT MONTH, Day, Tear  20c. TIME OF HOUT MONTH, DAY,	~ <del>6</del>	⋛│		. ·			[NJURY a.m.
P.m.  20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE	Ž		1:	١,	1	×	
WHILE AT WORK   farm, factory, street, office bidg., etc.)		.			'	:.	WHILE AT WORK   farm, factory, street, office bldg., etc.)
				1	,	.	
NOT WHILE AT WORK   1-10-62 to death and last saw him alive on 190 153	So≝	Ž,		Ϊ.			21. I attended the deceased from
Death occurred at 7:45 A M m on the date stated above, and to the best of my knowledge, from the causes stated.				1			Death occurred at
S a 10 10 221 SEGNATURE (Degree or title) 222 BODRES Breadulal 322c, DATE SIGN	. je je	Ę	۲	1	יַן ן	Ę	221 SISMATURE (Degree or title) 22h DDRESS AND COLUMN 22c, DATE SIGNE
	ן בַּ	į	Ĕ				pou U. Watman, or - Pago Heran do ad Marken
23c. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	- 1	⊢	+	+	⊣₹		
2     Removal 4-20-63 Mt. Hope Cemetery, Perryville, Mo.	. 1	<u> </u>	į		6	2   -	REMOVAL (Specify) /-20-63 Mt Hone Cemetery Perryville, Mo.
ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		4	=	1	ן ו	<b>7</b>	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ		3		2	ĭ	11/20 TH101 Topy No MA 4-26-63 1 Land
(Licensed Embalmer's Statement on Reverse Side)	'	1-	- 1	ŀ	l l	1	Dispused Embalman's Statement on Bounces Sides

		·	se side of this certificate was embalmed by me,
working under my per	sonal supervision.		100 -10
StúdentSign	nature of Student Embalmer	Signed	albertey
			Licensed Embelimer No.
• •			Terryelle, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his-OWN handwriting.

If this body is not embalmed, fact should be so stated above.